DOCUMENT RESUME

ED 252 065 FL 014 717

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TITLE Language Acquisition and Socialization: Three Developmental Stories and Their Implications. Sociolinguistic Working Paper Number 105.
INSTITUTION Southwest Educational Development Lab., Austin, Tex.
SPONS AGENCY National Inst. of Education (ED), Washington, DC.
PUB DATE Nov 82
NOTE 83p.
PUB TYPE Reports - Research/Technical (143)

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS *Anglo Americans; *Communication (Thought Transfer); Comparative Analysis; Cross Cultural Studies; Cultural Context; Foreign Countries; *Language Acquisition; *Middle Class; Samoan; *Social Development; *Socialization; Sociolinguistics
IDENTIFIERS Kaluli; *Kaluli People; *Samoans

ABSTRACT

Two claims are made concerning the interrelationship of language acquisition and socialization processes: (1) the process of acquiring language is deeply affected by the process of becoming a competent member of a society; and (2) the process of becoming a competent member of society is realized to a large extent through language and through acquiring knowledge of its functions, social distribution, and interpretations in and across socially defined situations. These claims are supported with evidence derived from a comparison of the social development of children in three societies: Anglo-American white middle class, Kaluli (Papua New Guinea), and Samoan. Specific theoretical arguments and methodological procedures for an ethnological approach to language development are presented, focusing on developmental research with interests and roots in language development rather than anthropological studies of socialization. Five specific aspects of the ethnological model of language acquisition are addressed: (1) the cultural organization of intentionality in language use; (2) the integration of sociocultural knowledge and code knowledge; (3) the unevenness of language development and the priority contexts for language acquisition; (4) the relationship between child language and caregiver language, specifically the lack of match between them; and (5) the role of biology in language acquisition. (MSE)

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LANGUAGE ACQUISITION AND SOCIALIZATION
THREE DEVELOPMENTAL STORIES AND THEIR IMPLICATIONS

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Sociolinguistic Working Paper
NUMBER 105

November, 1982

Southwest Educational Development Laboratory
211 East Seventh Street
Austin, Texas

FL014717

LANGUAGE ACQUISITION AND SOCIALIZATION
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I. INTRODUCTION

This paper addresses the relationship between communication and culture from the perspective of the ACQUISITION OF language and socialization THROUGH LANGUAGE. Heretofore the processes of language acquisition and socialization have been considered as two separate domains. Processes of language acquisition are usually seen as relatively unaffected by cultural factors such as social organization and local belief systems. These factors have been largely treated as 'context', something that is SEPARABLE from language and its acquisition. A similar attitude has prevailed in anthropological studies of socialization. The language used both BY children and TO children in social interactions has rarely been a source of information on socialization. As a consequence, we know little about the role that language plays in the acquisition and transmission of socio-cultural knowledge. Neither the forms, the functions, nor the message content of language have been documented and examined for the ways in which THEY ORGANIZE and ARE ORGANIZED

BY culture.

Our own backgrounds in cultural anthropology and language development have led us to a more integrated perspective. Having carried out research on language in several societies ((Malagasy, Bolivian, White middle class American, Kaluli (Papua New Guinea), and Western Samoan)), focusing on the language of cnildren and their caregivers in three of them (White middle class American, Kaluli, Western Samoan), we have seen that the primary concern of caregivers is to ensure that their children are able to display and understand behaviors appropriate to social situations. One of the major means by which this is accomplished is through language. Therefore we must examine the language of caregivers primarily for its socializing functions, rather than only for its strict grammatical input function. Further, we must examine the prelinguistic and linguistic behaviors of the child for the ways they are continually and selectively affected by values and beliefs held by those members of society who interact with the child. What a child says, and how he or she says it, will be influenced by local cultural processes in addition to biological and social processes that have universal scope. The perspective we adopt is expressed in the following two claims:

i. THE PROCESS OF ACQUIRING LANGUAGE IS DEEPLY AFFECTED BY THE PROCESS OF BECOMING A COMPETENT MEMBER OF A SOCIETY.

ii. THE PROCESS OF BECOMING A COMPETENT MEMBER OF SOCIETY IS REALIZED TO A LARGE EXTENT THROUGH LANGUAGE, THROUGH ACQUIRING KNOWLEDGE OF ITS FUNCTIONS, ITS SOCIAL DISTRIBUTION AND INTERPRETATIONS IN AND ACROSS SOCIALLY DEFINED SITUATIONS I.E.,

THROUGH EXCHANGES OF LANGUAGE IN PARTICULAR SOCIAL SITUATIONS.

In this essay, we will offer support for these claims through a comparison of social development as it relates to communicative development of children in three societies - Anglo-American White middle class, Kaluli, and Samoan. We will present specific theoretical arguments and methodological procedures for an ethnographic approach to the development of language. Our focus at this point cannot be comprehensive, and therefore we will address developmental research that has its interests and roots in language development rather than anthropological studies of socialization. For current socialization literature the reader is recommended to see Briggs 1970; Gallimore, Boggs and Jordon 1974; Geertz 1959; Hamilton 1981; Harkness and Super 1980; Korbin 1978; Leiderman, Tulkin and Rosenfeld 1977; LeVine 1980; Levy 1974; Mead and MacGregor 1951; Mead and Wolfenstein 1955; Montagu 1978; Munroe and Munroe 1975; Richards 1974; Wagner and Stevenson 1982; Weisner and Gallimore 1977; Whiting and Whiting 1975; Whiting 1963; Williams 1969; and Wills 1977.

II. APPROACHES TO COMMUNICATIVE DEVELOPMENT

While interest in language structure and use has been a timeless concern, the child as a language user is a relatively recent focus of scholarly interest. This interest has been located primarily in the fields of linguistics and psychology, with the wedding of the two in the establishment of developmental psycholinguistics as a legitimate academic specialization. The concern here has been the relation of language to thought, both in

terms of conceptual categories and in terms of cognitive processes (such as perception, memory, recall). The child has become one source for establishing just what that relation is. More specifically, the language of the child has been examined in terms of the following issues:

1) The relation between the relative complexity of conceptual categories and the linguistic structures produced and understood by young language-learning children at different developmental stages (Bloom 1970, 1973; Bowerman 1977, 1981; Brown 1973; Clark 1974; Clark and Clark 1977; Greenfield and Smith 1976; Karmiloff-Smith 1979; MacNamara 1972; Nelson 1974; Schlesinger 1974; Slobin 1979; Sinclair 1971).

2) Processes and strategies underlying the child's construction of grammar (Bates 1976; Berko 1958; Bloom et al 1974; Bloom et al 1975; Bowerman 1977; Brown and Bellugi 1964; Brown, Cazden and Bellugi 1969; Dore 1975; Ervin-Tripp 1964; Lievin 1980; MacWhinney 1975; Miller 1982; Scollon 1976; Shatz 1978; Slobin 1973).

3) The extent to which these processes and strategies are language universal or particular (Berman in press; Bowerman 1973; Brown 1973; Clancy in press; Clark in press; Johnston and Slobin 1979; MacWhinney and Bates 1978; Ochs 1982b; in press; Slobin 1981, in press; Slobin and Aksu in press).

4) The extent to which these processes and strategies support the existence of a language faculty (Chomsky 1959, 1967, 1977; Fodor, Bever and Garrett 1974; Gleitman and Wanner in press; Goldin-Meadow 1977; McNeill 1970; Newport 1981;

Newport, Gleitman and Gleitman 1977; Piattelli-Palmarini 1980; Shatz 1981).

5) The nature of the prerequisites for the language development (Bates et al in press; Bloom 1973; Bruner 1975, 1977; de Lemos 1981; Bullowa 1979; Carter 1978; Gleason and Weintraub 1978; Golinkoff in press; Greenfield and Smith 1976; Harding and Golinkoff 1979; Lock 1978, 1981; Sachs 1977; Shatz in press; Slobin 1973; Snow 1979; Snow and Ferguson 1977; Vygotsky 1962; Werner and Kaplan 1963).

6) Perceptual and conceptual factors that inhibit or facilitate language development. (Andersen, Dunlea and Kekelis 1982, Bever 1970; Gleitmman and Wanner in press; Greenfield 1976; Huttenlocher 1974; Menyuk and Menn 1979; Piaget 1924; Slobin 1981; Sugarman in press).

Underlying all of these issues is the question of the SOURCE of language, not only in terms of what capacities reside within the child but the relative contributions of biology (nature) and the SOCIAL world (nurture) to the development of language. The relation between nature and nurture has been a central theme around which theoretical positions have been oriented. B.F. Skinner's (1957) contention that the child brings relatively little to the task of learning language and that it is through responses to specific adult stimuli that language competence is attained provided a formulation that was subsequently challenged and countered by Chomsky's (1959) alternative position. This position, which has been termed Nativist, Innatist, Rationalist, (see papers in Piattelli-Palmarini 1980) postulates that the adult verbal

environment is an inadequate source for the child to inductively learn language. Rather, the rules and principles for constructing grammar, have as their major source a genetically determined language faculty:

> Linguistics, then, may be regarded as that part of human psychology that is concerned with the nature, function, and origin of a particular "mental organ". We may take UG (Universal Grammar) to be a theory of the language faculty, a common human attribute, genetically determined, one component of the human mind. Through interaction with the environment, this faculty of mind becomes articulated and refined, emerging in the mature person as a system of knowledge of language. (Chomsky 1977:164)

It needs to be emphasized here that an Innatist approach does not eliminate the adult world as a source of linguistic knowledge; rather it assigns a different role (vis-a-vis the Behaviorist approach) to that world in the child's attainment of linguistic competence: the adult language presents the relevant information which allows the child to select out of the Universal Grammar those grammatical principles specific to the particular language that the child will acquire.

One of principal objections that could be raised is that, while 'the linguist's grammar is a theory of this (the child's) attained competence' (Chomsky 1977:163), there is no account of HOW this linguistic competence is attained. The theory does not relate

the linguist's grammar(s) to processes of acquiring grammatical knowledge. This point has been taken up by several psycholinguists, who have examined children' developing grammars in terms of their underlying organizing principles and have argued for similarities between these principles and those exhibited by other cognitive achievements (Bates et al 1979; Bever 1970).

A second objection to the Innatist approach has concerned its characterization of adult speech as 'degenerate', fragmented and often ill formed (Miller and Chomsky 1963; McNeill 1966). At the time of this characterization, there was no empirical basis for this. This situation provoked a series of observational studies (including tape-recorded documentation) of the ways in which caregivers speak to their young language-acquiring children (Drach 1979; Phillips 1973; Sachs et al 1976; Snow 1972). Briefly, the results of these studies indicated that adults not only use well-formed speech with high frequency but that they modify their speech to children in systematic ways as well. These systematic modifications have been treated as features of a particular speech register called Baby Talk register (Ferguson 1977). These features include the increased (relative to other registers) use of high pitch, exaggerated and slowed intonation, baby talk lexicon (Snow 1972, 1977; Sachs 1977; Garnica 1977), diminuitives, reduplicated words, simple sentences (Newport 1976), shorter sentences, interrogatives (Corsaro 1979), vocatives, talk about the 'here-and-now', play and politeness routines (Gleason and Weintraub 1978; Andersen 1977) (peek-a-boo, hi-goodbye, say "thank you")), cooperative expression of propositions, repetition and

expansion of own and child's utterances. Many of these features are associated with the expression of positive affect, such as high pitch and diminuitives. However, the greatest emphasis in the literature has been placed on these features as evidence that caregivers SIMPLIFY their speech in addressing young children (e.g., slowing down, exaggerating intonation, simplifying sentence structure and length of utterance). The scope of the effects on grammatical development has been debated in a number of studies. Several studies have supported Chomsky's position by demonstrating that caregiver speech facilitates the acquisition of only language-specific features but not those features widely (universally) shared across languages (Newport, Gleitman and Gleitman 1977; Feldman, Goldin-Meadow and Gleitman 1978). Other studies do not restrict the role of caregiver speech to facilitating only language-specific grammatical features (Snow 1977a, 1979). These latter studies put forth the idea that caregivers appear to adjust their speech to a child's cognitive and linguistic capacity (Cross 1977). And as children become more competent, caregivers use fewer features of Baby Talk register. Certain researchers have emphasized the direct facilitating role of caregiver speech in the acquisition of language (van der Geest 1977). Others, however, have linked the speech behavior of caregivers to the caregiver's desire to communicate with the child (Brown 1977; Snow 1977a, 1977b, 1979). In this perspective, caregivers simplify their own speech in order to make themselves understood when speaking to young children. Similarly, caregivers will employ several verbal strategies to understand what the child

is trying to communicate. For example, the caregiver will attend to what the child is doing, where the child is looking, and the child's behavior to determine the child's communicative intentions (Keenan and Schieffelin 1976; Foster 1981; Golinkoff in press). Further, caregivers will often request clarification by repeating or paraphrasing the child's utterance with a question intonation, as in example 1 below:

Example 1*

Mother	Allison (16 mo 3 wks)
(A picks up jar, trying to open it)	more víðə/ə víðə/ ə víðə/ ə víðə/
(A holding jar out to M)	up/ Mama/ Mama/ Mama ma ə víðə/ Mama Mama ə víðə/
What, darling?	
	Mama víðə/ Mama/ Mama víðə/ Mama Mama víðə/
What do you want Mommy to do?	
	---/ ə víðə ə víðə/
(A gives jar to M)	
	---/here/
(A tries to turn top on jar in M's hand)	
	Mama/Mama/ə víðət/
Open it up?	
	up/
Open it? O.K. (M opens it)	
	Bloom 1973: 170

*Examples 1-5 follow transcription conventions in Bloom and Lahey 1978

In other cases, the caregiver will facilitate communication by jointly expressing with the child a proposition. Typically this takes the form of a caregiver asking a question to which the child supplies the missing information (which is often already known to the caregiver), as in example 2 below:

Example 2

Mother	Allison
What's Mommy have (M holding cookies)	
(A reaching for cookie)	
	cookie/
Cookie! O.K. Here's a cookie for you	
(A takes cookie; reaching with other hand towards others in bag)	
	more/
There's more in here. We'll have it in a little while.	
(A picking up bag of cookies)	
	bag/

Bloom 1973:153

THE PICTURE BUILT UP FROM THESE STUDIES IS THAT CAREGIVERS MAKE EXTENSIVE ACCOMMODATION TO THE CHILD. THEY WILL TAKE THE PERSPECTIVE OF THE CHILD IN THE COURSE OF ENGAGING HIM OR HER IN CONVERSATIONAL DIALOGUE.

This picture has been supported by concurrent research on interaction between caregivers and prelinguistic infants (Bruner 1977; Bullowa 1979; Lock 1978; Newson 1977, 1978; Schaffer 1977; Shotter 1978). Detailed observation of white middle class

mothers-infant dyads (English, Scottish, American, Australian, Dutch) indicates that these mothers attempt to engage their very young infants (starting at birth) in 'conversational exchanges'. These so-called proto-conversations (Bullowa 1979) are constructed in several ways. A proto-conversation may take place when one party responds to some facial expression, action, and/or vocalization of the other. This response may be non-verbal, as when a gesture of the infant is 'echoed' by his or her mother.

> As a rule, prespeech with gesture is watched and replied to by exclamations of pleasure or surprise like "Oh, my my!", "Good heavens!", "Oh, what a big smile!", "Ha! That's a big one!" (meaning a story), questioning replies like, "Are you telling me a story?", "Oh really?", or even agreement by nodding "Yes" or saying "I'm sure you're right" . . .A mother evidently perceives her baby to be a person like herself. Mothers interpret baby behavior as not only intended to be communicative, but as verbal and meaningful.
>
> Trevarthen 1979a:339

On the other hand, mother and infant may respond to one another through verbal means, as for example, when a mother expresses agreement, disagreement or surprise following an infant behavior. Social interactions may be sustained over several exchanges by the mother assuming both speaker roles. She may construct an exchange by responding on behalf of the infant to her own utterance, or she may verbally interpret the infant's interpretation. A combination of several strategies is illustrated in the example below taken from a study by Snow:

Example 3

Mother	Ann (3 mo)
	(smiles)
Oh what a nice little smile!	
Yes, isn't that nice?	
There.	
There's a nice little smile.	(burps)
What a nice wind as well!	
Yes, that's better, isn't it?	
Yes.	
Yes.	(vocalizes)
Yes!	
There's a nice noise.	

Snow 1977b:12

These descriptions capture how white middle class caregivers act, and in turn, can be read for what caregivers believe to be the capabilities and predispositions of the infant. CAREGIVERS EVIDENTLY SEE THEIR INFANTS AS SOCIABLE AND AS CAPABLE OF INTENTIONALITY, PARTICULARLY WITH RESPECT TO THE INTENTIONAL EXPRESSION OF EMOTIONAL AND PHYSICAL STATES. One stand within this research has been that, in interpreting an infant's behaviors, the mother provides meanings for those behaviors that the infant will ultimately adopt (Ryan 1974; Lock 1981; Shotter 1978). This stand emphasizes the active role of the mother in socializing the infant to her set of interpretations. Other approaches emphasize the effect of the infant on the caregiver (Lewis and Rosenblum 1974)

particularly with respect to innate mechanisms for organized, purposeful action that the infant brings to interaction (Trevarthen 1979b).

These studies of caregivers' speech to young children have all attended to what the child is learning from these interactions with the mother (or caregiver). There has been a general movement away from the search for DIRECT causal links between the ways in which caregivers speak to their children and the emergence of grammar. Instead, caregivers' speech has been examined for its more general communicative functions, that is, how meanings are negotiated, how activities are organized and accomplished, and how routines and games become established. Placed within this broader communicative perspective, language development is viewed as one of several achievements accomplished through verbal exchanges between caregiver and child.

III. THE ETHNOGRAPHIC APPROACH

A. Ethnographic Orientation

To most middle class Western readers, the descriptions of verbal and non-verbal behaviors of middle class caregivers with their children seem very familiar, desirable and even natural. These descriptions capture in rich detail what goes on in many middle class households, to a greater or lesser extent. The characteristics of caregiver speech (Baby Talk register) and comportment that have been specified are highly valued by members of white middle class society, including researchers, readers, and

subjects of study. They are associated with good mothering and can be spontaneously produced with little effort or reflections. As demonstrated by Shatz and Gelman (1973), Sachs and Devin (1976) and Andersen and Johnson (1973), children as young as four years of age can speak and act in these ways when addressing small children.

From our research experience in other societies as well as our acquaintance with some of the cross-cultural studies of language socialization (Blount 1972; Bowerman 1981; Clancy in press; Eisenberg 1982; Fischer 1970; Hamilton 1981; Harkness 1975; Harkness and Super 1977; Heath in press; Miller 1982; Philips in press; Schieffelin and Eisenberg in press; Scollon and Scollon 1981; Stross 1972; Ward 1971; Watson-Gegeo and Gegeo 1982; Wills 1977), the general patterns of caregiving that have been described in the psychological literature on white middle class are neither characteristic of all societies nor of all social groups (e.g., all social classes within one society). We would like the reader therefore to reconsider the descriptions of caregiving in the psychological literature as ETHNOGRAPHIC DESCRIPTIONS.

By ethnographic, we mean DESCRIPTIONS THAT TAKE INTO ACCOUNT THE PERSPECTIVE OF MEMBERS OF A SOCIAL GROUP, INCLUDING BELIEFS AND VALUES THAT UNDERLIE AND ORGANIZE THEIR ACTIVITIES AND UTTERANCES. Ethnographers rely heavily on observations and on formal and informal elicitation of members' reflections and interpretations as a basis for analysis (Geertz 1973). Typically the ethnographer is not a member of the group under study. Further, in presenting an ethnographic account the researcher faces the problem of communicating world views or sets of values that may be unfamiliar

and strange to the reader. Ideally, such statements provide for the reader a set of organizing principles that give coherence and an analytic focus to the behaviors described.

Psychologists who have carried out research on verbal and non-verbal behavior of caregivers and their children draw on both of the methods articulated above. However, unlike most ethnographers, typically the psychological researcher IS a member of the social group under observation. (In some cases, the researcher's own children are the subjects of study). Further, unlike the ethnographer, the psychologist addresses a readership familiar with the social scenes portrayed.

That researcher, reader and subjects of study tend to have in common a white middle class literate background has had several consequences. For example, by and large, the psychologist has not been faced with the problem of cultural translation, as has the anthropologist. There has been a tacit assumption that readers can provide the larger cultural framework for making sense out of the behaviors documented. A consequence of this in turn is that the cultural nature of the behaviors and principles presented is not explicit. From our perspective, LANGUAGE AND CULTURE AS BODIES OF KNOWLEDGE, STRUCTURES OF UNDERSTANDING, CONCEPTIONS OF THE WORLD, COLLECTIVE REPRESENTATIONS, ARE BOTH EXTRINSIC TO AND FAR MORE EXTENSIVE THAT ANY INDIVIDUAL COULD KNOW OR LEARN. CULTURE ENCOMPASSES VARIATIONS IN KNOWLEDGE BETWEEN INDIVIDUALS, BUT SUCH VARIATION, WHILE CRUCIAL TO WHAT AN INDIVIDUAL MAY KNOW AND TO THE SOCIAL DYNAMIC BETWEEN INDIVIDUALS, DOES NOT HAVE ITS LOCUS WITHIN THE INDIVIDUAL. Our position is that culture is not something that

can be considered separately from the accounts of caregiver-child interaction; it is what organizes and gives meaning to that interaction. This is an important point, as it affects the definition and interpretation of the behaviors of caregivers and children. How caregivers and children speak and act towards one another is linked to cultural patterns that extend and have consequences beyond the specific interactions observed. For example, how caregivers speak to their children may be linked to other institutional adaptations to young children. These adaptation in turn may be linked to how members of a given society view children more generally (their 'nature', their social status and expected comportment) and to how members think children develop.

We are suggesting here that sharing of assumptions between researcher, reader and subjects of study is a mixed blessing. In fact, this sharing represents a PARADOX OF FAMILIARITY. We are able to apply without effort the cultural framework for interpreting the behavior of caregivers and young children in our own social group; indeed as members of a white middle class society, we are socialized to do this very work i.e. interpreting behaviors, attributing motives etc. The paradox is that in spite of this ease of effort, we can not easily isolate and make explicit these cultural principles. As Goffman's work on American society has illustrated, articulation of norms, beliefs, and values is often possible only when faced with violations, i.e. with gaffes, breaches, misfirings and the like (Goffman 1963,1967; Much and Shweder 1979).

Another way to see the cultural principles at work in our own

society is to examine the ways in which OTHER societies are organized in terms of social interaction and in terms of the society at large. In carrying out such research, the ethnographer offers a point of contrast and comparison with our own everyday activities. Such comparative material can lead us to reinterpret behaviors as cultural that we have assumed to be natural. From the anthropological perspective, every society will have its own cultural constructs of what is natural and what is not. For example, every society has its own theory of procreation. Certain Australian Aboriginal societies believe that a number of different factors contribute to conception. Von Sturmer (1980) writes that among the Kugu-Nganychara (West Cape York Peninsula, Australia) the spirit of the child may first enter the man through an animal that he has killed and consumed. The spirit passes from the man to the woman through sexual intercourse, but several sexual acts are necessary to build the child (see also Montagu 1937; Hamilton 1981). Even within a single society there may be different beliefs concerning when life begins and ends, as the recent debates in the United States and Europe concerning abortion and mercy killing indicate. The issue of what is nature and what is nurtured (cultural) extends to patterns of caregiving and child development. Every society will have (implicitly or explicitly) given notions concerning the capacities and temperament of children at different points in their development (see for example Ninio 1979; Snow et al 1979; Dentan 1978). The expectations and responses of caregivers will be directly related to these notions.

B. Three Developmental Stories

At this point, using an ethnographic perspective, we will recast selected behaviors of white middle class caregivers and young children as pieces of one 'developmental story'. The white middle class 'developmental story' that we are constructing is based on various descriptions available and focuses on those patterns of interaction (both verbal and non-verbal) that have been emphasized in the literature. This story will be compared with two other developmental stories from societies that are strikingly different: Kaluli (Papua New Guinea) and Western Samoan.

One of the major goals in presenting and comparing these developmental stories is to demonstrate that communicative interactions between caregivers and young children are culturally constructed. In our comparisons, we will focus on three facets of communicative interaction: (1) the social organisation of the verbal environment of very young children (2) the extent to which children are expected to adapt to situations or that situations are adapted to the child (3) the negotiation of meaning by caregiver and child. We first present a general sketch for each social group and then discuss in more detail the consequences of the differences and similarities in communicative patterns in these social groups.

These developmental stories are not timeless, but rather are linked in complex ways to particular historical contexts. Both the ways in which caregivers behave towards young children and the popular and scientific accounts of these ways may differ at different moments in time. The stories that we present represent ideas currently held in the three social groups.

The three stories show that there is more than one way of becoming social and using language in early childhood. All normal children will become members of their own social group. But the process of becoming social, including becoming a language user is culturally constructed. In relation to this process of construction, every society has its own developmental stories that are rooted in social organization, beliefs and values. These stories may be explicitly codified and/or tacitly assumed by members.

1. Anglo-American White Middle Class Developmental Story (1)

Middle class in Britain and the United States covers a broad range of white collar and professional workers and their families including lower middle, middle middle, and upper middle class strata. The literature on communicative development has been largely based on middle middle and upper middle class households. These households tend to consist of a single nuclear family with one, two or three children. The primary caregiver almost without exception is the child's natural or adopted mother. Reseachers have focused on communicative situations in which one child interacts with his or her mother. The generalizations proposed by these researchers concerning mother-child communication could be an artifact of this methodological focus. However, it could be argued that the attention to two-party encounters between a mother and her child reflects the most frequent type of communicative interaction to which most young middle class children are exposed. Participation in two-party as opposed to multi-party interactions

is a product of many considerations, including the physical setting of households, where interior and exterior walls bound and limit access to social interaction.

Soon after an infant is born, many mothers will hold their infants in such a way that they are face-to-face and will gaze at them. Mothers have been observed to address their infants, vocalize to them, ask questions and greet them. In other words, from birth on, the infant is treated as a SOCIAL BEING and as an ADDRESSEE in social interaction. The infant's vocalizations, physical movements and states are often interpreted as meaningful and will be responded to verbally by the mother or other caregiver. In this way, proto-conversations are established and sustained, along a DYADIC, TURN-TAKING model. Throughout this period and the subsequent language-acquiring years, caregivers treat very young children as communicative partners. One very important procedure in facilitating these social exchanges is the mother's (or other caregiver's) TAKING THE PERSPECTIVE OF THE CHILD. This perspective is evidenced in her own speech through the many simplifying and affective features of baby talk register that have been described and through the various strategies employed to identify what the young child may be expressing.

Such perspective-taking is part of a much wider set of accommodations by adults to young children. These accommodations are manifested in several domains. For example, there are widespread material accommodations to infancy and childhood in the form of cultural artifacts designed for this stage of life, e.g. baby clothes, baby food, miniaturization of furniture, and toys.

Special behavioral accommodations are coordinated with the infant's perceived needs and capacities, for example, putting the baby in a quiet place to facilitate and ensure proper sleep; 'baby-proofing' a house as a child becomes increasingly mobile, yet not aware of or able to control the consequences of his own behavior. In general, the pattern appears to be one of PREVENTION AND INTERVENTION, in which SITUATIONS ARE ADAPTED OR MODIFIED TO THE CHILD rather than the reverse. Further, the child is a FOCUS OF ATTENTION, in that the child's actions and verbalizations are often the STARTING POINT of social interaction with more mature persons.

While developmental achievements such as crawling, walking and first words are awaited by caregivers, the accommodations noted above have the effect of keeping the child dependent on and separate from the adult community for a considerable period of time. The child is protected from certain experiences which are considered harmful (e.g. playing with knives, climbing stairs), but such protection delays his knowledge and developing competence in such contexts.

The accommodations of white middle class caregivers to young children can be examined for other values and tendencies. Particularly among the American middle class, these accommodations reflect a DISCOMFORT WITH THE COMPETENCE DIFFERENTIAL between adult and child. The competence gap is reduced by two strategies. One is for the adult to simplify her/his speech to match more closely what the adult considers to be the verbal competence of the young child. Let us call this strategy the SELF-LOWERING strategy, following Irvine's (1974) analysis of intercaste demeanor. A

second strategy is for the caregiver to richly interpret (Brown 1973) what the young child is expressing. Here the adult acts AS IF the child were more competent than his behavior more strictly would indicate. Let us call this strategy the CHILD-RAISING (no pun intended!) strategy. Other behaviors conform to this strategy, such as when an adult cooperates in a task with a child but treats that task as an accomplishment of the child.

For example, in eliciting a story from a child, a caregiver will often cooperate with the chid in the telling of the story. This cooperation typically takes the form of posing questions to the child, such as "Where did you go?", "What did you see?" etc., to which the adult knows the answer. The child is seen as telling the story even though she/he is simply supplying the information the adult has preselected and organized (Ochs, Schieffelin and Platt 1979; Schieffelin and Eisenberg in press; Greenfield and Smith 1976). Bruner's (1978) descriptions of scaffolding, in which a caregiver constructs a tower or other play object, allowing the young child to place the last block, are also good examples of this tendency. Here the tower may be seen by the caregiver and others as the child's own work. Similarly, in later life, caregivers playing games with their children may let them win, acting as if the child can match or more than match the competence of the adult.

The masking of incompetence applies not only in white middle class relations with young children but in relations with mentally and to some extent to physically handicapped person as well. As the work of Edgerton (1967) and the recent film BEST BOY indicate, mentally retarded persons are often restricted to protected

environments (family households, sheltered workshops or special homes) in which trained staff or family members make vast accommodations to the special needs and capacities of these individuals.

A final aspect of this White middle class developmental story concerns the willingness of many caregivers to INTERPRET UNINTELLIGIBLE or PARTIALLY INTELLIGIBLE UTTERANCES of young children (cf Ochs 1982a). One of the recurrent ways in which interpretation is carried out is for the caregiver to offer a paraphrase ((or 'expansion' (Brown and Bellugi 1964; Cazden 1965)), using a question intonation. This behavior of caregivers has continuity with their earlier attributions of intentionality directed towards ambiguous utterances (from the point of view of the infant. For both the prelinguistic and language-using child, the caregiver provides an explicitly verbal interpretation. This interpretation or paraphrase is potentially available to the young child to affirm, disconfirm or modify.

Through exposure to and participation in these clarification exchanges, the young child is being socialized into several cultural patterns. The first of these is a way of recognizing and defining what constitutes unintelligibility, that an utterance or vocalization may in fact not be immediately understood. Second, the child is presented with the procedures for dealing with ambiguity. Through the successive offerings of possible interpretations, the child learns that more than one understanding of a given utterance or vocalization may be possible. The child is also learning who can make these interpretations, and the extent to

which they may be open to modification. Finally the child is learning how to settle upon a possible interpretation and how to show disagreement or agreement. THIS ENTIRE PROCESS SOCIALIZES THE CHILD INTO CULTURALLY SPECIFIC MODES OF ORGANIZING KNOWLEDGE, THOUGHT AND LANGUAGE.(2)

2. A Kaluli Developmental Story (3)

The Kaluli people (population approx. 1200) are an example of a small scale, nonliterate egalitarian society (E.L. Schieffelin 1976). Kaluli, most of whom are monolingual, speak the Kaluli language, a non Austronesian verb final ergative language. They live in the tropical rain forest on the Great Papuan Plateau in the Southern Highlands of Papua New Guinea. Kaluli maintain large gardens and hunt and fish in order to obtain protein. Villages are composed of 60-90 individuals who traditionally lived in one large longhouse that had no internal walls. Currently, while the longhouse is maintained, many families are living in smaller dwellings so that two or more extended families may live together. It is not unusual then for at least a dozen individuals of different ages to be living together in one house which consists essentially of one semi-partitioned room.

Men and women utilize extensive networks of obligation and reciprocity in the organization of work and sociable interaction. Everyday life is overtly focused around verbal interaction. Kaluli, think of and use talk as a means of control, manipulation, expression, assertion and appeal. It gets you what you want, need or feel owed. Talk is a primary indicator of social competence and

a primary way to be social. Learning how to talk and become independent is a major goal of socialization.

For the purpose of comparison and for understanding something of the cultural basis for the ways in which Kaluli act and speak to their children, it is important to first describe selected aspects of a Kaluli developmental story which I have constructed from various kinds of ethnographic data. Kaluli describe their babies as helpless, 'soft' (taiyo) and 'having no understanding' (asugo andoma). They take care of them they say, because they 'feel sorry for them'. Mothers, who are the primary caregivers, are attentive to their infants and physically responsive to them. Whenever an infant cries it is offered the breast. However, while nursing her infant, a mother may also be involved in other activities, such as food preparation, or she may be engaged in conversation with individuals in the household. Mothers never leave their infants alone and only rarely with other caregivers. When not holding their infants, mothers carry them in netted bags which are suspended from their heads. When the mother is gardening, gathering wood, or just sitting with others, the baby will sleep in the netted bag next to the mother's body.

Kaluli mothers, given their belief that infants 'have no understanding' never treat their infants as partners (speaker/addressee) in dyadic communicative interactions. While they greet their infants by name and use expressive vocalizations they rarely address other utterances to them. Furthermore, mothers and infants do not gaze into each others' eyes, an interactional pattern that is consistent with adult patterns of not gazing when

vocalizing in interaction with one another. Rather than facing their babies and speaking to them, Kaluli mothers tend to face their babies outwards so that they can be seen by, and see others that are part of the social group. Older children greet and address the infant and in response to this, the mother while moving the baby, speaks in a high pitched nasalized voice "for" the baby. Triadic exchanges such as the one that follows is typical of these situations.

Example 4

Mother is holding her infant son Bage (3 months). Abi (35 months) is holding a stick on his shoulder in a manner similar to that in which one would carry a heavy patrol box (the box would be hung on a pole placed across the shoulders of two men).

Mother	Abi
(Abi to baby)	[1] Bage! / do you see my box here?/ do you see it?/ do you see it?/
(high nasal voice talking as if she is the baby, moving the baby who is facing Abi):	
[2] My brother, I'll take half, my brother.	
(holding stick out)	[3] mother, give him half/give him half/mother, my brother - here, here take half/X/
(in a high nasal voice as baby): [4] My brother, what half do I take? What about it, my brother, put it on the shoulder!	
[5] (to Abi in her usual voice): "Put it on the shoulder."	
(Abi rests stick on baby's shoulder)	
[6] There, carefully put it on. (stick accidentally pokes baby) Feel sorry stop.	

When a mother takes the speaking role of an infant she uses language that is well-formed and appropriate for an older child. Only the nasalization and high pitch mark it as "the infant's". When speaking as the infant to older children, mothers speak assertively, that is, they never whine or beg on behalf of the infant. Thus, in taking this role the mother does for the infant what the infant cannot do for itself, appear to act in a controlled and competent manner, using language. These kinds of interactions continue until a baby is between four to six months of age.

Several points are important here. First, these triadic exchanges are carried out primarily for the benefit of the older child and help create a relationship between the two children. Second, the mother's utterances in these exchanges are not based on, nor do they originate with anything that the infant has initiated - either vocally or gesturally. Recall the Kaluli claim that infants have no understanding. How could someone with "no understanding" initiate appropriate interactional sequences?

However, there is an even more important and enduring cultural construct that helps make sense out of the mother's behaviors in this situation and in many others as well. Kaluli say that "one cannot know what another thinks or feels." Now, while Kaluli obviously interpret and assess one another's available behaviors and internal states, these interpretations are not culturally acceptable as topics of talk. Individuals often talk about their own feelings (I'm afraid, I'm happy etc.). However, there is a cultural dispreference for talking about or making claims about what another might think, what another might feel, or what another

is about to do, especially if there is no external evidence. As we shall see, these culturally constructed behaviors have several important consequences for the ways in which Kaluli caregivers verbally interact with their children, and are related to other pervasive patterns of language use which shall be discussed below.

As infants become older (6-12 months) they are usually held in the arms or carried on the shoulders of the mother or an older sibling. They are present in all on-going household activities, as well as subsistence activities that take place outside the village in the bush. During this time period babies are addressed by adults to a limited extent. They are greeted by a variety of names (proper names, kinterms, affective and relationship terms) and receive a limited set of both negative and positive imperatives. In addition when they do something they are not to do, such as reach for something that is not theirs to take, they will often receive such rhetorical questions such as "who are you?!" (meaning "not someone to do that") or "is it yours?!" (meaning "it is not yours") to control their actions by shaming them (sasidiab). What is important to stress here is that the language addressed to the preverbal child consists largely of "one-liners" which call for no verbal response. Either an action or termination of an action is appropriate other than these utterances, very little talk is directed to the young child, by the adult caregiver.

This pattern of adults not treating infants as communicative partners continues even when babies begin babbling. Kaluli recognize babbling (dabedan) but say that this vocal activity is not communicative and has no relationship to speech that will

eventually emerge. Adults and older children occasionally repeat vocalizations back to the young child (ages 12-16 months) reshaping them into the names of persons in the household or into kinterms, but they do not say that the baby is saying the name nor do they wait for or expect the child to repeat those vocalizations in an altered form. In addition, vocalizations are not generally treated as communicative and given verbal expression. Nor are they interpreted by adults except in one situation an example of which follows. When a toddler shrieks in protest of the assaults of an older child, mothers will say "I'm unwilling" (using a quotative particle) referring to the toddler's shriek. These were the only circumstances in which mothers treated vocalisations as communicative and provided verbal expression for them. In no other circumstances in the four families in the study did adults provide a verbally expressed interpretation of a vocalization of a preverbal child. Thus, throughout the preverbal period very little language is directed to the child, except for imperatives, rhetorical questions, and greetings. A child who by Kaluli terms has not yet begun to speak is not expected to respond either verbally or vocally. What all of this means is that in the first 18 months or so very little sustained dyadic verbal exchange takes place between adult and infant. The infant is only minimally treated as an addressee, and is not treated as a communicative partner in dyadic exchanges. One immediate conclusion is: The conversational model that has been described for many White middle class caregivers and their preverbal children has no application in this case. Furthermore, if one defines language input as language

directed to the child then it is reasonable to say that for Kaluli children who have not yet begun to speak, there is very little. However, this does not mean that Kaluli children grow up in an impoverished verbal environment and do not learn how to speak. Quite the opposite is true. The verbal environment of the infant is rich and varied, and from the very beginning the infant is surrounded by adults and older children who spend a great deal of time talking to one another. Furthermore, as the infant develops and begins to crawl, engage in play activities and other independent actions, these actions are frequently referred to, described, and commented upon by members of the household speaking to one another especially by older children. Thus the ongoing activities of the preverbal child are an important topic of talk between members of the household, and this talk about the here-and-now of the infant is available to the infant, though it is not talk addressed to the infant. For example in referring to the infant's actions, siblings and adults use the infant's name or kinterm. They will say, "Look at Seligiwo! He's walking." Thus the child may learn from these contexts to attend the verbal environment in which he or she lives.

Every society has its own ideology about language, including when it begins and how children acquire it. The Kaluli are no exception. Kaluli claim that language begins at the time when the child uses two critical words, 'mother' (nɜ) and 'breast' (bo). The child may be using other single words, but until these two words are used, the beginning of language is not recognized. Once a child has used these words, a whole set of inter-related behaviors

are set into motion. Kaluli claim once a child has begun to use language he or she then must be "shown how to speak" (Schieffelin 1979). Kaluli show their children language in the form of a teaching strategy which involves providing a model for what the child is to say followed by the word ɬɨɬma, an imperative meaning "say like that." Mothers use this method of direct instruction to teach the social uses of assertive language (teasing, shaming, requesting, challenging reporting). However, object labelling is never part of an ɬɨɬma sequence, nor does the mother ever use ɬɨɬma to instruct the child to beg or appeal for food or objects. Begging, the Kaluli say, is natural for children. They know how to do it. In contrast, a child must be taught to be assertive through the use of particular linguistic expressions and verbal sequences.

A typical sequence using ɬɨɬma is triadic, involving the mother child (between 20-36 months) and other participant(s).

Example 5

Mother, daugher Binalia (5 years), cousin Mama (3¼ years) and son Wanu (27 months) are at home, dividing up some cooked vegetable. Binalia has been begging for some but her mother thinks that she has had her share.

[1]Mother → Wanu →) Binalia:*
Whose is it? say like that.

[2]whose it it?!/

[3]Is it yours?! say like that.

[4]is it yours?!/

[5]Who are you?! say like that.

[6]who are you?!/

7 Mama → Wanu →⟩ Binalia:
Did you pick (it)?! say like that.

8
did you pick (it)?!/

9 Mother → Wanu →⟩ Binalia:
My G'ma picked (it)! say like that.

10
my G'ma picked (it)!/

11 Mama → Wanu →⟩ Binalia:
This my G'ma picked! say like that.

12
this my G'ma picked!/

* → = speaker → addressee

→⟩ = addressee →⟩ intended addressee

IN THIS SITUATION, AS IN MANY OTHERS, THE MOTHER DOES NOT MODIFY HER LANGUAGE TO FIT THE LINGUISTIC ABILITY OF THE YOUNG CHILD. INSTEAD HER LANGUAGE IS SHAPED SO AS TO BE APPROPRIATE (IN TERMS OF FORM AND CONTENT) for the child's intended addressee. Consistent with the ways she interacts with her infant, what a mother instructs her young child to say usually does not have its origins in any verbal or nonverbal behaviors of the child, but in what the mother thinks should be said. The mother pushes the child into on-going interactions that the child may or may not be interested in and will at times spend a good deal of energy in trying to get the child verbally involved. This is part of the Kaluli pattern of fitting (or pushing) the child into the situation rather than changing the situation to meet the interests or abilities of the child. Thus mothers take a directive role with their young

children teaching them what to say so that they may become participants in the social group.

In addition to instructing their children by telling them what to say in often extensive interactional sequences, Kaluli mothers pay attention to the form of their children's utterances. Kaluli will correct the phonological, morphological or lexical form of an utterance or its pragmatic or semantic meaning. Since the goals of language acquisition include a child becoming competent, independent and mature sounding in his language, Kaluli use no Baby Talk lexicon, for they said (when I asked about it) that to do so would result in a child sounding babyish which was clearly undesirable and counter-productive. The entire process of a child's development, of which language acquisition plays a very important role, is thought of as a hardening process and culminates in the child's use of "hard words" (Feld and Schieffelin 1982).

The cultural dispreference for saying what another might be thinking or feeling has important consequences for the organization of dyadic exchanges between caregiver and child. For one, it affects the ways in which meaning is negotiated during an exchange. For the Kaluli the responsibility for clear expression is with the speaker, and child speakers are not exempt from this. Rather than offering possible interpretations or guessing what a child is saying or meaning, caregivers make extensive use of clarification requests such as "huh?" and "what?" in an attempt to elicit clearer expression from the child. Children are held to what they say and mothers will remind them that they in fact have asked for food or an object if when given it they don't act appropriately. Since

responsibility of expression does lie with the speaker, children are also instructed with *tɨma* to request clarification (using similar forms) from others when they do not understand what someone is saying to them.

Another important consequence of not saying what another thinks is the absence of adult expansions of child utterances. Kaluli caregivers will put words into the mouths of their children but these words originate from the caregiver. However, caregivers do not elaborate or expand utterances initiated by the child. Nor do they jointly build propositions across utterances and speakers except in the context of sequences with *tɨma* in which they are constructing the talk for the child.

All of these patterns of early language use, such as the lack of expansions or verbally attributing an internal state to an individual are consistent with important cultural conventions of adult language usage. The Kaluli very carefully avoid gossip and often indicate the source of information they report. They make extensive use of direct quoted speech in a language that does not allow indirect quotation. They utilize a range of evidential markers in their speech to indicate the source of speakers' information, for example, whether something was said, seen, heard or gathered from other kinds of evidence. These patterns are also found in early child speech and as such, affect the organization and acquisition of conversational exchanges in this face-to-face egalitarian society.

3. A Samoan Developmental Story (4)

American and Western Samoa consists of a string of islands in the Southwest Pacific. Samoan, a verb-initial Polynesian language, is spoken throughout the Samoan archipelago. The following developmental story draws primarily on direct observations of life in a large, traditional village on the island of Upolu in Western Samoa; however, it incorporates as well analyses by Mead (1927), Kernan (1969) and Shore (1977) of social life, language use, and childhood on other islands (the Manu'a islands and Savai'i.)

As has been described by numerous scholars, Samoan society is highly stratified. Individuals are ranked in terms of whether or not they have a title, whether they have an orator or chiefly title, and within each of these statuses, particular titles are reckoned with respect to one another. These titles are bestowed on persons by an extended family unit (aiga potopoto).

Social stratification characterizes relationships between untitled persons as well. These persons will assess relative rank in terms of generation and age. Most relevant to the Samoan developmental story to be told here is the fact that caregiving is socially stratified. The young child is cared for by a range of untitled persons, typically the child's older siblings, the mother, and unmarried siblings of the child's mother. Where more than one of these are present, the older is considered to be the higher ranking caregiver and the younger the lower ranking caregiver. (Ochs 1982a). As will be discussed in the course of this story, this ranking affects how caregiving tasks will be carried out and how verbal interaction will be organized.

A newborn infant is referred to as pepemamea 'baby thing thing' and is referred to as such until he or she is about five to six months old. During this period the infant stays close to his or her mother, who in turn is assisted by other women and children in childcare tasks. While in close proximity to others, the infant during this period spends the periods of rest and sleep somewhat separated from others, on a large pillow enclosed by a mosquito net suspended from a beam or rope. Waking moments are spent in the arms of the mother, occasionally the father, but most often on the hips or laps of other children. These children will bring the infant to his or her mother for feeding and in general are responsible for satisfying and comforting the child.

In these early months, the infant is talked ABOUT by others particularly in regard to his or her physiological states and needs. Language addressed TO the young infant tends to be songs or rhythmic vocalizations in soft, high pitch. Infants at this stage are not treated as conversational partners. Their gestures and vocalizations are interpreted for what they indicate about the physiological state of the child: however these interpretations, if verbally expressed, are directed in general not to the infant but to some other more mature member of the household (older child),typically in the form of a directive.

As an infant becomes more mature and mobile, he is referred to as simply pepe 'baby'. At the point at which the infant begins to crawl, his immediate social and verbal environment changes. Along with being carried by an older sibling, the infant is expected to come to the mother or other mature family members on his or her

own. Spontaneous language is directed to the infant to a much greater extent. The child for example is told to 'come' to the caregiver.

To understand the verbal environment of the infant at this stage, it is necessary to consider Samoan concepts of childhood and children. Once a child is able to locomote himself or herself and even somewhat before, he/she is frequently described as cheeky, mischievous and willful. Very frequently, the infant is negatively sanctioned for his actions. An infant who sucks eagerly, vigorously, or frequently at the breast may be teasingly shamed by other family members. Approaching a guest or touching objects of value will provoke negative directives first and mock threats second. The prosodics of talk to the child shifts dramatically from that of language directed to younger infants. The pitch drops to the level used in casual interactions with adult addressees and voice quality becomes loud and sharp. It is to be noted here that caregiver speech is largely talk directed AT the infant and typically caregivers do not engage in 'conversations' WITH infants over several exchanges. Further, the language used by caregivers is not lexically or syntactically simplified.

The image of the small child as highly assertive continues for several years. This image is reflected in what caregivers report to be the first word of Samoan children. This word, is tae 'shit', a curse word used to reject, retaliate or show displeasure at the action of another. The child's earliest use of language, then, is seen as explicitly defiant and angry. While caregivers will admonish the verbal and nonverbal expression of these qualities,

the qualities are in fact deeply valued and considered necessary and desirable, in particular social circumstances.

As noted earlier, Samoan children are exposed to, and participate in, a highly stratified society. Children usually grow up in a family compound, composed of several households, headed by one or more titled persons. These titled persons conduct themselves in a particular manner in public; namely, they tend to move slowly or be stationary, and they tend to disassociate themselves from the activities of lower status persons in their immediate environment. This demeanor in a less dramatic fashion characterizes high ranking caregivers in a household as well. These caregivers tend to leave the more active tasks, such as bathing, changing and carrying an infant, to younger persons (Ochs 1982a).

The social stratification of caregiving has its reflexes in the verbal environment of the young child. Higher ranking caregivers, (e.g. the mother) will throughout the day direct lower ranking persons to carry, put to sleep, soothe, feed, bathe, and clothe a child. Typically a lower ranking caregiver will wait for such a directive rather than initiate such activities spontaneously. When a small child begins to speak, he or she learns to make his or her needs known to the higher ranking caregiver. The child learns not to necessarily expect a direct response back. Rather, the child's appeal usually generates a conversational sequence such as the following:

Child appeals to High ranking CG (A → B)

High ranking CG directs Lower ranking CG (B → C)

Lower ranking CG responds to child (C → A)

These verbal interactions differ from the ABAB dyadic interactions described for white middle class caregivers and children. Whereas a white middle class child is often alone with a caregiver, a Samoan child is not. Traditional Samoan houses have no internal or external walls, and typically conversations involve several persons inside and outside the house. For the Samoan child, then, multi-party conversations are the norm, and participation is organized along hierarchical lines.

The importance of status and rank is expressed in other uses of language as well. Very small children are encouraged to produce certain speech acts that they will be later expected to produce as younger (i.e. low ranking) members of the household. One of these speech acts is REPORTING OF NEWS to other, older family members. The reporting of news by lower status persons complements the detachment associated with relatively high status. High status persons ideally (or officially) receive information through reports rather than through their own direct involvement in the affairs of others. Of course, this ideal is not always realized. Nonetheless, children from the one-word stage on will be explicitly instructed to notice others and to provide information to others as example 6 illustrates.

Example 6

Pesio, her peer group including Maselino 3;4, and Maselino's mother, Iuliana, are in the house. They see Alesana (researcher-member of research project) in front of the trade store across the street. Iuliana directs the children to notice Alesana.

Pesio (2 yrs 3 mo)	Others
	Iuliana: Va'ai Alesana. Look (at) Alesana!
ā? / Huh?	
	Iuliana: [Alesana Maselino: [Alesaga/
ai Alesaga/ Look (at) Alesana	
	Iuliana: Vala'ua Alesana Call (to) Alesana.
((very high, loud)) SAGA? / Alesana!	((high, soft)) Iuliana: Mālō. (Greeting)
((loud)) ALŌ! (Greeting)	
	Iuliana: (Fai) o Elegoa lea . (Say) prt. Elenoa here. (say "Elenoa [is] here.")
Sego lea/ Elenoa here (Elenoa [is] here.)	

These instructions have the character of the triadic exchanges described in the Kaluli developmental story. A caregiver addresses an utterance to a young child which is to be repeated by the young child to a third party. As in the Kaluli triadic exchanges, the utterance is designed primarily for the third party. For example,

the high, soft voice quality used by the caregiver in line 8 expresses difference in greeting Alesana, the third party. Caregivers will use such exchanges to teach children a wide range of skills and knowledge. In fact, the task of repeating what the caregiver has said is ITSELF an object of knowledge, preparing the child for his or her eventual role as messenger. Children as young as three years old are expected to deliver VERBATIM messages on behalf of more mature members of the family.

The cumulative orientation is one in which even very young children are oriented towards others. In contrast to the white middle class tendencies to accomodate situations to the child, the Samoan way is to encourage the child TO MEET THE NEEDS OF THE SITUATION, i.e. to notice others, listen to them, and adapt one's own speech to their particular status and needs.

The pervasiveness of social stratification is felt in another, quite fundamental, aspect of language, that of ascertaining the meaning of an utterance. Procedures for clarification are sensitive to the relative rank of conversational participants in the following manner. If a high status person produces a partially or wholly unintelligible utterance, the burden of clarification tends to rest with the hearer. It is not inappropriate for high status persons to produce such utterances from time to time. In the case of orators in particular, there is an expectation that certain terms and expressions will be obscure to certain members of their audiences. On the other hand, if a low status person's speech is unclear, the burden of clarification tends to be placed more on the speaker.

The latter situation applies to most situations in which young children produce ambiguous or unclear utterances. Both adult and child caregivers tend not to try to determine the message content of such utterances by, for example, repeating or expanding such an utterance with a query intonation. In fact, unintelligible utterances of young children will sometimes be considered as not Samoan but another language, usually Chinese, or not language at all but the sounds of an animal. A caregiver may choose to initiate clarification by asking 'What?' or 'Huh?', BUT IT IS UP TO THE CHILD TO MAKE HIS OR HER SPEECH INTELLIGIBLE TO THE ADDRESSEE.

The Samoan way of placing the burden of clarification on the child differs from the White middle class way. White middle class caregivers rely much less on the child to carry out this communicative task. There is a greater tendency for these caregivers to assist the child in clarification and expressing of ideas. As noted in the white middle class developmental story, such assistance is associated with good mothering. The good mother is one who responds to her child's incompetence by making greater efforts than normal to clarify his/her intentions. To this end, a mother will try to put herself in the child's place (take the perspective of the child). The Samoan way is almost the reverse. Good mothering or good caregiving is associated with ensuring that a young child develops an ability to take the perspective of higher ranking persons in order to assist them and facilitate their well-being. The ability to do so is part of showing fa'aaloalo 'respect', a most necessary demeanor in social life.

We can not leave our Samoan story without touching on another

dimension of intelligibility and understanding in caregiver-child interactions. In particular, we need to turn our attention to Samoan attitudes towards motivation and intentionality (c.f. Ochs 1982a). In philosophy, social science and literary criticism, a great deal of ink has been spilled over the relation between act and intention behind an act. The pursuit and ascertaining of intentions is highly valued in many societies, where acts are objects of interpretation and motives are treated as explanations. In traditional Samoan society, with exceptions such as teasing and bluffing, actions are not treated as open to interpretation. They are treated for the most part as having one assignable meaning. An individual may not always know what that meaning is, as in the case of an oratorical passage; in these cases, one accepts that there is one meaning which he may or may not eventually come to know. For the most part as well, there is not a concern with levels of intentions and motives underlying the performance of some particular act.

Responses of Samoan caregivers to unintelligible utterances and acts of young children need to be understood in this light. Caregivers tend not to guess, hypothesize, or otherwise interpret such utterances and acts in part because these procedures are not generally engaged in, at least explicitly, in daily social interactions within a village. As in encounters with others, a caregiver will generally treat a small child's utterances as either clear or not clear, and in the latter case, will prefer to wait until the meaning becomes known to the caregiver rather than initiate an interpretation.

When young Samoan children participate in such interactions, they come to know how 'meaning' is treated in their society. They learn what to consider as meaningful (e.g. clear utterances and actions) procedures for assigning meaning to utterances and actions, and procedures for handling unintelligible and partially intelligible utterances and actions. In this way, through language use, Samoan children are socialized into culturally preferred ways of processing information. Such contexts of experience reveal the interface of language, culture and thought.

C. IMPLICATIONS OF DEVELOPMENTAL STORIES: THREE PROPOSALS

C.1 Interactional Design Re-examined

WE PROPOSE THAT INFANTS AND CAREGIVERS DO NOT INTERACT WITH ONE ANOTHER ACCORDING TO ONE PARTICULAR 'BIOLOGICALLY DESIGNED CHOREOGRAPHY' (Stern 1977). THERE ARE MANY CHOREOGRAPHIES WITHIN AND ACROSS SOCIETIES, AND CULTURAL SYSTEMS AS WELL AS BIOLOGICAL ONES THAT CONTRIBUTE TO THEIR DESIGN, FREQUENCY AND SIGNIFICANCE. The biological predispositions constraining and shaping social behavior of infants and caregivers must be broader than thus far conceived in that the use of eye gaze, vocalization and body alignment are orchestrated differently in the social groups we have observed. As noted earlier, for example, Kaluli mothers do not engage in sustained gazing at or elicit and maintain direct eye contact with their infants as such behavior is dispreferred, associated with witchcraft.

Another argument in support of a broader notion of biological predisposition to be social concerns the variation observed in the

participant structure of social interactions. The literature on white middle class child development has been oriented, quite legitimately, towards the two-party relationship between infant and caregiver, typically infant and mother. The legitimacy of this focus rests on the fact that this relationship is primary for infants within this social group. Further, most communicative interactions are dyadic in the adult community. While the mother is an important figure in both Kaluli and Samoan developmental stories, the interactions in which infants are participants are typically triadic or multi-party. As noted, Kaluli mothers will organize triadic interactions in which infants and young children will be oriented away from their mothers towards a third party. For Samoans, the absence of internal and external walls coupled with the expectation that others will attend to and potentially participate in conversation makes the dyad a far less common form of interaction than multi-party interaction. Infants are socialized to participate in such interactions in ways appropriate to status and rank of participants.

This is not to say that Kaluli and Samoan caregivers and children do not engage in dyadic exchanges. Rather, the point is that SUCH EXCHANGES ARE NOT ACCORDED THE SAME SIGNIFICANCE AS IN WHITE MIDDLE CLASS SOCIETY. In white middle class households that have been studied, the process of becoming social takes place predominantly through dyadic interactions, and social competence itself is measured in terms of the young child's capacity to participate in such interactions. In Kaluli and Samoan households, the process of becoming social takes place through participation in

dyadic, triadic, and multi-party social interactions, with the latter two more common than the dyad.

From an early age, Samoan and Kaluli children must learn how to participate in interactions involving a number of individuals. To do this minimally requires attending to more than one individual's words and actions, and knowing the norms for when and how to enter interactions, taking into account the social identities of at least three participants. Further, the sequencing of turns in triadic and multi-party interactions has a far wider range of possibilities vis-a-vis dyadic exchanges and thus requires considerable knowledge and skill. Whereas dyadic exchanges can only be ABABA..., triadic or multi-party exchanges can be sequenced in a variety of ways, subject to social constraints such as speech act content and status of speaker (as discussed in the Samoan developmental story.) For both the Kaluli and Samoan child, triadic and multi-party interactions constitute their earliest social experiences and reflect the ways in which members of these societies routinely communicate with one another.

C.2 Caregiver Register Re-examined

A SECOND MAJOR PROPOSAL BASED ON THESE THREE DEVELOPMENTAL STORIES IS THAT THE SIMPLIFYING FEATURES OF CAREGIVER SPEECH THAT HAVE BEEN DESCRIBED FOR WHITE MIDDLE CLASS SPEAKERS ARE NOT NECESSARY INPUT FOR YOUNG CHILDREN TO ACQUIRE LANGUAGE. The word 'input' itself implies a directionality towards the child as information processor. The data base for the child's construction of language is assumed to be language directed TO the child. It is

tied to a model of communication that is dyadic, with participation limited to the roles of speaker and addressee. If we were to apply this strict notion of input (language addressed to the child) to the Kaluli and Samoan experiences, we would be left with a highly restricted corpus from which the child is expected to construct language. As we have emphasized in these developmental stories, the very young child is LESS OFTEN SPOKEN TO THAN SPOKEN ALOUT. Nonetheless, both Kaluli and Samoan children become fluent speakers within the range of normal developmental variation.

Given that the features of caregivers' speech cannot be accounted for primarily in terms of their language-facilitating function, i.e. as input, we might ask what can account for the special ways in which caregivers speak to their children. We suggest that the particular features of caregivers' register are best understood as an expression of a basic sociological phenomenon. Every social relationship is associated with a set of behaviors, verbal and non-verbal, that set off that relationship from other relationships. Additionally, these behaviors indicate to others that a particular social relationship is being actualized. From this point of view, the 'SPECIAL' FEATURES OF CAREGIVER SPEECH ARE NOT SPECIAL AT ALL, IN THE SENSE THAT VERBAL MODIFICATIONS DO OCCUR WHEREVER SOCIAL RELATIONSHIPS ARE CALLED INTO PLAY. This phenomenon has been overlooked in part because when the language of caregivers to children is described, it usually contrasted with a GENERALIZED notion of the ways in which adults talk to everyone else. The most extreme example of this is found in interviews with adults in which they are asked to describe

special ways of talking to babies (Ferguson 1977). A less extreme example is found in the procedure of comparing caregiver speech to children with caregiver speech to the researcher/outsider carrying out observations (of caregiver speech) (Newport, Gleitman and Gleitman 1977). In the latter case, only one adult-adult relationship is used as a basis of comparison, and this relationship is typically formal and socially distant.

The social nature of caregiver speech has been raised and discussed with respect to its status as a type of speech REGISTER. Nonetheless, the language-simplifying features have been emphasized more than any other aspect of the register. The dimension of simplification is a significant one with respect to the white middle class caregiver registers documented; however, the notion of simplification has been taken as synonomous with caregiver register itself. More to the point of this discussion is the apparent tendency to see simplification as a universal if not natural process. Ferguson's insightful parallel between caregiver speech and foreigner talk (1977) has been taken to mean that more competent speakers everywhere spontaneously accommodate their speech to less competent interactional partners, directly influencing language change in contact situations (pidgins in particular) as well as acquisition of a foreign language. Ferguson's own discussion of 'simplified registers' does not carry with it this conclusion, however. Further, the stories told here of Kaluli and Samoan caregiver speech and comportment indicate that SIMPLIFICATION IS CULTURALLY ORGANIZED IN TERMS OF WHEN, HOW, AND THE EXTENT TO WHICH IT TAKES PLACE. In both stories, caregivers do

not speak in a dramatically more simplified manner to very young children. They do not do so for different cultural reasons - the Kaluli because such speech is felt to inhibit the process of speaking competently; the Samoans because accommodations of this sort are dispreferred when the addressee is of lower rank than the speaker.

The cultural nature of simplification is evidenced very clearly when we compare Samoan speech to young children with Samoan speech to foreigners (palagi). As discussed by Duranti (1981), 'foreigner talk' IS simplified in many ways, in contrast to 'baby talk'. To understand this, we need only return to the social principle of relative rank. Foreigners typically (and historically) are persons to whom respect is appropriate - strangers or guests of relatively high status. The appropriate comportment towards such persons is one of accommodation to their needs, communicative needs being basic. The Samoan example is an important one, because we can use it to understand social groups for whom speaking to foreigners is like speaking to children. That is, we can at least know where to START the process of understanding this speech phenomenon; to see the phenomenon as expressive of cultural beliefs and values. Just as there are cultural explanations for why and how Samoans speak differently to young children and foreigners, so there are cultural explanations for why and how white middle class adults modify their speech in similar ways to these two types of addressee. These explanations go far beyond the attitudes discussed in the white middle class story. Our task here is not to provide an adequate cultural

account, but rather to encourage more detailed research along these lines. An understanding of caregiver or Baby Talk register in a particular society will never be achieved without a more serious consideration of the sociological nature of register.

C.3 What Caregivers Do with Words

In this section we build on the prior two proposals and suggest that:

1. A functional account of the speech of both caregiver and child must incorporate information concerning cultural knowledge and expectations;
2. Generalizations concerning the relations between behavior and goals of caregivers and young children should not presuppose the presence or equivalent significance of particular goals across social groups.

In each of these developmental stories, we saw that caregivers and children interacted with one another in culturally patterned ways. Our overriding theme has been that caregiver speech behavior must be seen as part of caregiving and socialization more generally. What caregivers will say and how they will interact with young children will be motivated in part by concerns and beliefs held by many members of the local community. As noted earlier, these concerns and beliefs may not be conscious in all cases. Certain beliefs such as the Kaluli notions of the child as 'soft' and socialization as 'hardening' the child are explicit. Others such as the white middle class notions of the infant and small child as social and capable of acting intentionally

(expressing intentions) are not explicitly formulated.

To understand what any particular verbal behavior is accomplishing, we need to adopt ethnographic procedures, namely to relate particular behaviors to those performed in other situations. What a caregiver is doing in speaking to her child is obviously related to what she does and/or others do in other recurrent situations. We have suggested, for example, that the accommodations that middle class (particularly American) caregivers make in speaking to young children are linked to patterned ways of responding to incompetence in general (handicapped persons, retardates, for example.) Members of this social group appear to adapt situations to meet the special demands of less competent persons to a far greater extent than in other societies e.g. Samoan society. We have also suggested that the heavy use of expansions by middle class caregivers to query or confirm what a child is expressing is linked to culturally preferred procedures for achieving understanding, for example, the recognition of ambiguity, the formulation and verification of hypotheses (interpretations, guesses). In participating in interactions in which expansions are used in this way, the child is learning the concepts of ambiguity, interpretation, and verification, and the procedures associated with them.

A common method in child language research has been to infer function or goal from behavior. The pitfalls of this procedure are numerous, and social scientists are acutely aware of how difficult it is to establish structure-function relations. One aspect of this dilemma is that one can not infer function on the basis of a

structure in isolation. Structures get their functional meaning through their relation to contexts in which they appear. The 'same' structure may have different functions in different circumstances. This is true within a society, but our reason for mentioning it here is that it is true also across societies and languages. While caregivers in two different societies may expand their children's utterances, it would not necessarily follow that the caregivers shared the same beliefs and values. It is possible that their behavior is motivated by quite different cultural processes. Similarly, the absence of a particular behavior, such as the absence of expansions among caregivers, may be motivated quite differently across societies. Both the Kaluli and the Samoan caregivers do not appear to rely on expansions, but the resons expansions are dispreferred differ. The Samoans do not do so in part because of their dispreference for guessing and in part because of their expectation that the burden of intelligibility rests with the child (as lower status party) rather than with more mature members of the society. Kaluli do not use expansions to resay or guess what a child may be expressing because they say that "one can not know what someone else thinks", regardless of age or social status.

Our final point concerning the structure-function relation is that the syntax of our claims about language acquisition must be altered to recognize variation across societies. The bulk of research on communicative development has presupposed or asserted the universality of one or another function e.g. the input function, the communicative function and illustrated verbal and

non-verbal behaviors that follow from or reflect that function. Our three stories suggest that generalizations must be context-restricted. Thus, for example, rather than assuming or asserting that caregivers desire to communicate with an infant, the generalization should be expressed as "Where caregivers desire communication with an infant, then..." or "If it is the case that caregivers desire communication with an infant then..."

IV A TYPOLOGY OF SOCIALIZATION AND CAREGIVER SPEECH PATTERNS

At this point, with the discussion nearing its conclusion, we have decided to stick our necks out a bit further and suggest that the two orientations to children discussed in the developmental stories - ADAPTING SITUATIONS TO CHILD AND ADAPTING CHILD TO SITUATIONS - distinguish more than the three societies discussed in this paper. We believe that these two orientations of mature members towards children can be used to create a typology of socialization patterns. For example, societies in which children are expected to adapt to situations may include not only Kaluli and Samoan but white and black working class Anglo-Americans (Ward 1971; Heath in press; Miller 1982) as well.

The typology of course requires a more refined application of these orienting features. We would expect these orientations to shift as children develop; for example, a society may adapt situations to meet the needs of a very small infant but as the infant matures the expectation may shift to one in which the child should adapt to situations. Indeed we could predict such a pattern for most if not all societies. The distinction between societies

would be in terms of WHEN this shift takes place and in terms of the INTENSITY of the orientation at any point in developmental time.

Having stuck our necks out this far, we will go a little further and propose that these two orientations will have systematic reflexes in the organization of communication between caregivers and young children across societies: we predict for example that where a society expects to adapt or fit situations to the needs (perceived needs) of young children, members of that society will use a register to children that includes a number of simplifying features, e.g. shorter utterances with restricted lexicon that refer to here-and-now. Such an orientation is also compatible with a tendency for caregivers to assist the child's expression of intentions through expansions, clarification requests, co-operative proposition building and the like. These often involve the caregiver taking the perspective of a small chid anc correlate highly with allowing a small child to initiate new topics (evidencing child-centered orientation).

On the other hand, societies in which children are expected to meet the needs of the situation at hand will communicate differently with infants and small children. In these societies, children usually participate in multi-party situations. Caregivers will socialize children through language to notice others and perform appropriate (not necessarily polite) speech acts towards others. This socialization will often take the form of modelling, where the caregiver says what the child should say and directs the child to repeat. Typically the child is directed to say something

to someone other than the caregiver who has modelled the original utterance. From the Kaluli and Samoan cases, we would predict that the utterances to be repeated would cover a wide range of speech acts (teasing, insulting, greeting, information requesting, begging, reporting of news, shaming, accusations and the like). In these interactions as in other communicative contexts with children, the caregivers do not simplify their speech, but rather shape their speech to meet situational contingencies.

Two Orientations towards Children and Their Corresponding Caregiver Speech Patterns

Orientations:	
Adapt Situation to Child:	Adapt Child to Situation:
Simplified register features Baby Talk lexicon Negotiation of meaning via expansion and paraphrase	Modelling of (unsimplified) utterances for child to repeat to third party (wide range of speech act, not simplified)
Co-operative proposition building between caregiver and child	Child directed to notice others
Utterances that respond to child-initiated verbal or non-verbal act	Topics arise from range of situational circumstances to which caregiver wishes child to respond
Typical communicative situation: two-party	Typical communicative situation: multi-party

V. A MODEL OF LANGUAGE ACQUISITION THROUGH SOCIALIZATION (THE ETHNOGRAPHIC APPROACH)

A. Cultural Organization of Intentionality

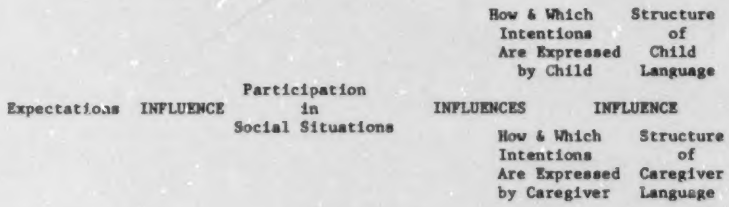
Like many scholars of child language, we believe that the acquisition of language is keyed to accomplishing particular goals (Bates et al 1979; Greenfield & Smith 1976; Halliday 1975; Lock 1978; Shotter 1978; Vygotsky 1962). As Bates and her colleagues (1979) as well as Carter (1978) and Lock (1981) have pointed out, small children perform communicative acts such as drawing attention to an object, requesting and offering before conventional morphemes areproduced. They have acquired knowledge of particular social acts before they have acquired language in even the most rudimentary form. When language emerges, it is put to use in these and other social contexts. As Bates and her colleagues suggest, the use of language here is analogous to other behaviors of the child at this point of development; the child is using new means to achieve old goals.

While not taking a stand as to whether or not language is like other behaviors, we support the notion that language is acquired in a social world and that many aspects of the social world have been absorbed by the child by the time language emerges. This is not to say that functional considerations determine grammatical structure, but rather that ends motivate means and provide an orienting principle for producing and understanding language over developmental time. Norman (1975) as well as Hood, McDermot and Cole (1978) suggest that purpose/function is a mnemonic device for

learning generally.

Much of the literature on early development has carefully documented the child's capacity to react and act intentionally (Harding and Golinkoff 1979). The nature and organization of communicative interaction is seen as integrally bound to this capacity. OUR CONTRIBUTION TO THIS LITERATURE IS TO SPELL OUT THE SOCIAL AND CULTURAL SYSTEMS IN WHICH INTENTIONS PARTICIPATE. THE CAPACITY TO EXPRESS INTENTIONS IS HUMAN BUT WHICH INTENTIONS CAN BE EXPRESSED BY WHOM, WHEN, AND HOW, IS SUBJECT TO LOCAL EXPECTATIONS CONCERNING SOCIAL BEHAVIOR OF MEMBERS. With respect to the acquisition of competence in language use, this means that societies may very well differ in their expectations of what children can and should communicate (Hymes 1967). They may also differ in their expectations concerning the capacity of young children to understand intentions (or particular intentions). With respect to the particular relationship between a child and his/her caregivers, these generalizations can be represented as follows:

SOCIAL EXPECTATIONS AND LANGUAGE ACQUISITION



Let us consider examples that illustrate these statements. As noted in the Samoan development story, Samoans have a commonly shared expectation that a child's first word will be tae ('shit') and that its communicative intention will be to curse and confront (corresponding to the adult for 'ai tae ('eat shit'). While a range of early consonant-vowel combinations of the child are treated as expressing tae and communicative, other phonetic strings are not treated as language. The Kaluli consider that the child has begun to use language when he/she says 'mother' and 'breast'. Like the Samoans, the Kaluli do not treat other words produced by the child (before these two words appear) as part of "language," i.e. as having a purpose.

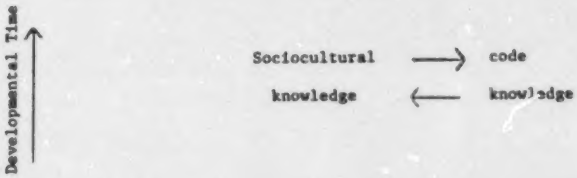
Another example of how social expectations influence language acquisition comes from the recent work by Platt (1980) on Samoan children's acquisition of the deictic verbs 'come,' 'go,' 'give,' 'take.' The use of these verbs over developmental time is constrained by social norms concerning movement of persons and objects. As noted in the Samoan story, higher ranking persons are expected to be relatively inactive in the company of lower ranking e.g. younger persons. One consequence is that while younger children are directed to 'come' and evidence comprehension of this act, they tend not perform the same act themselves. Children are socially constrained not to direct the more mature persons around them to move in their direction. On the other hand, small children are encouraged to demand and give out goods (particularly food). At the same developmental point at which the children are NOT using 'come,' they ARE using 'give' quite frequently. This case is

interesting because it indicates that a semantically more complex form ('give'--movement of object and person towards deictic center) may appear in the speech of a child earlier than a less complex form ('come'--movement of person towards deictic center) because of social norms surrounding its use (Platt 1980).

While these examples have focused on children's speech, we also consider caregiver speech to be constrained by local expectations and the values and beliefs that underlie them. The reader is invited to draw on the body of this paper for examples of these relationships, e.g. the relation between expecting caregivers to adapt to young children and simplified register features. Indeed the major focus of our developmental stories has been to indicate precisely the role of socio-cultural processes in constructing communication between caregiver and child.

B. Socio-cultural knowledge and code knowledge

In this section we will build on our argument that children's language is constructed in socially appropriate and culturally meaningful ways. Our point will be that the process of acquiring language must be understood as the process of integrating code knowledge with socio-cultural knowledge.



Socio-cultural knowledge is generative in much the same way that knowledge about grammar is generative. Just as children are able to produce and understand utterances that they have never heard before, so they are able to participate in social situations that don't exactly match their previous experiences. In the case of social situations in which language is used, children are able to apply both grammatical and socio-cultural principles in producing and comprehending novel behavior. Both sets of principles can be acquired out of conscious awareness.

In the case of infants and young children acquiring their first language(s), socio-cultural knowledge is acquired hand-in-hand with knowledge of code properties of a language. Acquisition of a foreign or second language by older children and adults may not necessarily follow this model. In classroom foreign language learning, for example, knowledge of code properties typically precedes knowledge of cultural norms of code use. Even where the second language is acquired in the context of living in a foreign culture, the cultural knowledge necessary for appropriate social interaction may lag behind or never develop, as illustrated by Gumperz (1977) for Indian speakers in Great Britain.

Another point to be mentioned at this time is that the socio-cultural principles being acquired are not necessarily shared by all native speakers of a language. As noted in the introduction, there are variations in knowledge between individuals and between groups of individuals. In certain cases, for example

children who are members of a non-dominant group, growing up may necessitate acquiring different cultural frameworks for participating in situations. Children such as American Indian and Australian Aboriginal children find themselves participating in interactions in which the language used is familiar but the interactional procedures and participant structures differ from earlier experiences (Philips in press). These cases of growing up monolingually but biculturally are similar to the circumstances of second language learners who enter a cultural milieu that differs from that of first socialization experiences.

C. On the Unevenness of Language Development

The picture we have built up suggests that there is quite a complex system of norms and expectations that the young language acquirer must attend to and does attend to in the process of growing up to be a competent speaker-hearer. We have talked about this system as affecting structure and content of childrens' utterances at different points in developmental time. One product of all this is that children come to use and hear particular structures in certain contexts but not others. In other words, children acquire forms in a subset of contexts that has been given 'priority' by members.

Priority contexts are those in which children are encouraged to participate. For example, Kaluli and Samoan children use affect pronouns e.g. 'poor-me' initially in begging, an activity they are encouraged to engage in. The use of affect pronouns in other speech acts is a later development. Similarly, many white middle

class children use their first nominal forms in the act of labelling, an activity much encouraged by caregivers in this social group. Labelling is not an activity in which Kaluli and Samoan caregivers and children engage in. Each social group will have its preferences and these in turn will guide the child's acquisition of language.

D. On Lack of Match between Child and Caregiver Speech

Those who pursue the argument concerning how children acquire language often turn to correlational comparisons between children's and caregivers' speech strategies. Lack of match is taken as support for some input-independent strategy of the child and as evidence that some natural process is at work. We suggest that this line of reasoning has flaws.

If the reader has accepted the argument that societies have ideas about how chidren can and should participate in social situations and that these ideas differ in many respects from those concerning how more mature persons can and should behave, then the reader might further accept the conclusion that children may speak and act differently from others because they have learned to do so. Why should we equate input exclusively with imitation, i.e. with a match in behavior? Of course there will be commonalities between child and adult behavior, but that does not imply that difference is not learned. In examining the speech of young children, we should not necessarily expect their speech and the functions to which it is put to match exactly those of caregivers. Children will not be expected nor encouraged to do many of the things that

older persons do, and conversely, older persons will not be expected nor encouraged to do many of the things that small children will do. Indeed, unless they are framed as 'play,' attempts to cross these social boundaries meet with laughter, ridicule or other forms of negative sanctioning.

E. A Note on the Role of Biology

Lest the reader think we advocate a model in which language and cognition are the exclusive product of culture, we note here that socio-cultural systems are to be considered as ONE force influencing language acquisition. Biological predispositions of course have a hand in this process as well. The model we have presented should be considered as a subset of a more general acquisition model that includes both influences.

Social Expectations	INFLUENCE	Language over Developmental Time
Biological Predispositions		

VI CONCLUSIONS

This is a paper with a number of points but one message --that the process of acquiring language and the process of acquiring socio-cultural knowledge are intimately tied. In pursuing this generalization, we have formulated the following proposals:

1. The specific features of caregiver speech behavior that have been described as simplified register are neither universal nor necessary for language to be acquired. White middle class children, Kaluli children, and Samoan children all become speakers of their languages within the normal range of development and yet their caregivers use language quite differently in their presence.

2. Caregivers' speech behavior expresses and reflects values and beliefs held by members of a social group. In this sense, caregivers' speech is part of a larger set of behaviors that are culturally organized.

3. The use of simplified registers by caregivers in certain societies may be part of a more general orientation in which situations are adapted to young children's perceived needs. In other societies, the orientation may be the reverse, that is, children at a very early age are expected to adapt to requirements of situations. In such societies, caregivers direct children to notice and respond to other's actions. They tend not to simplify their speech and frequently model appropriate utterances for the child to repeat to a third party in a situation.

4. Not only caregivers' but children's language as well is influenced by social expectations. Children's strategies for encoding and decoding information, for negotiating meaning, and for handling errors will all be socially organized in terms of who does the work, when, and how. Further, every society orchestrates the ways in which children participate in

particular situations and this in turn affects the form, the function and the content of children's utterances. Certain features of the grammar may be acquired quite early in part because their use is encouraged and given high priority. In this sense, the process of language acquisition is part of the larger process of socialization, i.e. acquiring social competence.

While biological factors play a role in language acquisition, socio-cultural factors have a hand in this process as well. It is not a trivial fact that small children develop in the context of organized societies. Cultural conditions for communication organize even the earliest interactions between infants and others. Through participation as audience, addressee and/or 'speaker', the infant develops a range of skills, intuitions and knowledge enabling him or her to communicate in culturally preferred ways. The development of these faculties is an integral part of becoming a competent speaker.

Coda:

This paper should be in no way interpreted as proposing a view in which socialization determines a fixed pattern of behavior. We advocate a view which considers humans to be flexible and able to adapt to change, both social and linguistic, for example through contact and social mobility. The ways in which individuals will change is a product of complex interactions between established cultural procedures and intuitions and those the individual is currently

acquiring. From our perspective, socialization is a continuous and open-ended process that spans the entire life of an individual.

FOOTNOTES

*This paper was written while the authors were Research Fellows at the Research School of Pacific Studies, The Australian National University. We would like to thank Roger Keesing and the Working Group in Language and its Cultural Context. Ochs's research was supported by the National Science Foundation and the Australian National University. Schieffelin's research was supported by the National Science Foundation and the Wenner-Gren Foundation for Anthropological Research. We thank these institutions for their support.

(1)
The data for this story consists of the numerous accounts of caregiver-child communication and interaction that have appeared in both popular and scientific journals. Our generalizations regarding language use are based on detailed reports in the developmental psycholinguistic literature which are cited throughout this paper. In addition we are drawing on our own experiences and intuitions as mothers and members of this social group. We invite those with differing perceptions to comment on our interpretations.

(2)
We would like to thank Courtney Cazden for bringing the following quotation to our attention.

> "It seems to us that a mother in expanding speech may be teaching more than grammar; she may be teaching something like a world-view." (Brown and Bellugi 1964)

(3)
The data on which this analysis is based were collected in the course of two-years ethnographic and linguistic fieldwork (1975-1977) among the Kaluli in the Southern Highlands Province. During this time E.L. Schieffelin, a cultural anthropologist, and S. Feld, an ethnomusicologist,were also conducting ethnographic research. This study on the development of communicative competence among the Kaluli focused on four children who were approximately 24 months old at the start of the study. However, an additional 12 children were included in the study (siblings and cousins in residence) and their ages ranged from birth to 10 years. The spontaneous conversations of these children and their families were audio-tape recorded for one year at monthly intervals with each monthly sample lasting 3-4 hours. Detailed contextual notes accompanied the audiotaping and these annotated transcripts along with interviews and observations form the data base. A total of 83 hours of audio tape were collected and transcribed in the village. Analyses of Kaluli child acquisition data are reported in Schieffelin 1981, in press a and in press b.

(4)
The data on which this analysis is based were collected in the course of a year's fieldwork (July 1978-July 1979) in a traditional village in Western Samoa. The village, Falefa, is located on the island of Upolu, approximately 18 miles from the capital, Apia.

the fieldwork was conducted by three researchers - Alessandro Duranti, Martha Platt, and Elinor Ochs. Our data collection consisted of two major projects. The first, carried out by Ochs and Platt, was a longitudinal documentation through audio- and videotape of young children's acquisition of Samoan. This was accomplished by focussing on six children from six different households, 19-35 months at the onset of the study. These children were observed and taped every five weeks, for approximately three hours each period. Samoan children live in compounds in which several households are members. Typically there are numerous siblings and peers present who interact with a young child. We were able to record the speech of 17 other children under the age of six, who were part of the children's early social environment. A total of 128 hours of audio and 20 hours of video recording were collected. The audio material is supplemented by handwritten notes detailing contextual features of the interactions recorded. All the audio material has been transcribed in the village by a family member or family acquaintance and checked by a researcher. Approximately 18,000 pages of transcript form the child language data base. Analyses of Samoan child language are reported in Ochs 1982b, in press, and ms.

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